

IDENTIFICATION OF PRIME CONTRACTOR AND SUBCONTRACTORS (INCLUDING MATERIAL SUPPLIERS)

Submit this form to:	St Paul Department of Human Rights	AND	St Paul Dept. of Planning & Economic Development	AND	St Paul Div. of Contract & Analysis Services
	15 West Kellogg Blvd, Room 240		25 West 4th Street, Suite 1400		15 West Kellogg Blvd, Room 280
	Saint Paul, MN 55102-1681		Saint Paul, MN 55102		Saint Paul, MN 55102
	(651)266-8966, Fax (651)266-8962		Fax (651)228-3220		Fax (651)266-8919

PROJECT:	BID #:	EST. CONSTRUCTION COST:	VOP GOAL:	\$	%
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Please Identify all sub-contractors (including material suppliers) you intend to utilize on this project. Identify all suppliers with an **(S)**. Identify Minority Owned, Women Owned and Small business with **MBE, WBE, or SBE** respectively. Please Identify Certified Vendors. Form must be updated and submitted when you add, delete, or make other changes to the list.

	NAME, ADDRESS, CONTACT PERSON AND PHONE NUMBER	W/M/S/BE	CERTIFIED VENDOR	NATURE OF WORK	DATE WORK TO BEGIN	DATE WORK COMPLETED	CONTRACT AMOUNT
PRIME:							
SUBS: 1.							
2							
3							
4							
5							
6							
7							
8							

Revised 10/28/2004

IDENTIFICATION OF PRIME CONTRACTOR AND SUBCONTRACTORS (INCLUDING MATERIAL SUPPLIERS) Date_____

	NAME, ADDRESS, CONTACT PERSON AND PHONE NUMBER	W/M/S/BE	CERTIFIED VENDOR	NATURE OF WORK	DATE WORK TO BEGIN	DATE WORK COMPLETED	CONTRACT AMOUNT
9	_____ _____	_____	_____	_____ _____	_____	_____	_____
10	_____ _____	_____	_____	_____	_____	_____	_____
11	_____ _____	_____	_____	_____ _____	_____	_____	_____
12	_____ _____	_____	_____	_____ _____	_____	_____	_____
13	_____ _____	_____	_____	_____ _____	_____	_____	_____
14	_____ _____	_____	_____	_____ _____	_____	_____	_____
15	_____ _____	_____	_____	_____ _____	_____	_____	_____
16	_____ _____	_____	_____	_____ _____	_____	_____	_____
17	_____ _____	_____	_____	_____ _____	_____	_____	_____
18	_____ _____	_____	_____	_____ _____	_____	_____	_____
19	_____ _____	_____	_____	_____ _____	_____	_____	_____